CHEDULE 5-E			PAGE 12	
MIZED INDEPENDENT EXPENDITURES		· · · · · · · · · · · · · · · · · · ·	FOR LINE	7 OF FORM
ME OF FILER (In Full) nned Parenthood Action Fund of Santa Barbara, Ventu	ara and San Luis Obispo Co	ounties		
Full Name (Last, First, Middle Initial) of Payee	Date		=:-	
Planned Parenthood Action Fund of Santa Barbara, Ventura and San Luis Obispo Counties Malling Address		M M	7 D 7 Y Y Y 31 2012	
		10		2012
518 Garden Street		Amount		
City State Zip Code		1	TT -57177 , 2774-	
Santa Barbara , CA 93101		la sile tia	#. sef s s f 1. 9 e	33.6
Purpose of Expenditure	Category/	Office Sought:	X House	State:
Phone Banking	Type 004		Senate	District:
Name of Federal Candidate Supported or Opposed by Expenditure:			President	
Lois Capps		Check One:	X Support	Oppe
Calendar Year-To-Date Per Election 9,522.22 for Office Sought		Disbursement For	٠ السما	X Gene
Full Name (Last, First, Middle Initial) of Payee Square One Consulting, LLC		Date		
		M M	31	Y Y Y
Mailing Address		\$	g light man	2012
1382 Berkeley Ave.		Amount		
City State St. Paul , MN 55105	Zip Code	1:	mpssynnym ma Standaust St	63.1
Purpose of Expenditure	Category/	Office Sought:	X House	State:
Minutes for Phone Banking	Type 004		Senate	District:
Name of Federal Candidate Supported or Opposed by Expe	enditure:		President	
Lois Capps		Check One:	X Support	Орро
Calendar Year-To-Date Per Election 9,522.22 for Office Sought		Disbursement Fo	r: Primary	X Gene
Fuil Name (Last, First, Middle Initial) of Payee		Date		
Planned Parenthood Action Fund of Santa Barbara,			, <u>, , , , , , , , , , , , , , , , , , </u>	i siyadiyisiy
Ventura and San Luis Obispo Counties Mailing Address		11		
•		Amount		
518 Garden Street City State Zip Code		1		1.04 TO 160
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Santa Barbara , CA 93101 Purpose of Expanditure	Category/	Office Sought:	₩ House	State
Phone Banking	Type 004		Senate	State:
Name of Federal Candidate Supported or Opposed by Expe	enditure:		President	District:
Julia Brownley		Check One:	X Support	Орро
	10,025,78	Disbursement Fo	r: Primary	X Gene
		j. (*** * ; *)	2 37 7 7 2	e a le conse
(a) SUBTOTAL of Itemized Independent Expenditures) 	≢ojo Nagotarg≱o	233.2
·			ria de la compansión de l Compansión de la compansión	
(b) SUBTOTAL of Uniternized Independent Expenditures				
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FEC Schedule 5-E

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(c) TOTAL Independent Expenditures(carry total from last page forward to Line 7)